



CASE OF DISEASE OF THE VALVES OF THE RIGHT
HEART; WITH DILATATION OF THE RIGHT
AURICLE, INNOMINATA AND AORTA.

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Diagnosis—Enlargement of the heart; disease of the right cavities of the heart; dilatation of the innominate artery—possibly of the aorta—no aneurism; congestion of posterior portion of the lungs.

We will see to what extent the above, made several weeks before death, was realized—which we report, as diseases of the right heart are comparatively rare, and always interesting.

Isaac Simons, aged 55, a coachman, entered the City Hospital, July, 1880, suffering with severe attacks of dyspnoea, weakness about the heart, and occasionally with a threat of suffocation from failure of the heart's action. These attacks occurred frequently, at intervals, and were of the greatest violence. He had never complained of his heart until five weeks before admission, but he had been much exposed to cold, both night and day. There was oedema of the feet and legs. Upon coughing, which was frequent, the right supra-clavicular space would swell up and dilate to such a degree that we even thought it possible that dilatation of the trachea had resulted. The heart-sounds were much confused, but the second sound seemed prolonged both at the base and point—the valvular abnormality being confined wholly to the right side and to the right border of the sternum. Precordial dullness upon percussion extended over an area of three inches,—so enlargement of the organ was suspected—and, as there was no decided impulse, and a weak and depressed pulse, we should have predicted dilatation. The right radial pulse was weaker than the left. As there was no *venous* turgescence of the neck, or aneurismal thrill, but disturbance of the endo-cardial sounds, *confined* to the right heart, we arrived at the diagnosis stated above. The urine, examined twice, contained no albumen.

Autopsy—twelve hours after death, October 8th: The heart was quite large—being twice the usual size; very great dilatation of the right auricle and ventricle and of the aorta existed, with appreciable enlargement also of the innominate. Using the section as advised by Orth (Pathol. Anat.), four fingers could readily be passed through the tricuspid orifice. The pulmonary artery was also dilated or enlarged. No disease of the other valves existed—unless the great dilatation of the aorta may have produced insufficiency of its valves, and thus accounted for the prolonged second

sound at the base of the organ. The left ventricle shared, to a certain extent, in the general dilatation. The liver and kidneys were healthy.

This man had been several times greatly relieved by the use of tincture of digitalis, squills, ipecac., Hoffman's anodyne and blisters—so much so as to leave the hospital for three weeks. Upon his return, congestion of the lung occurred, caused by the diseased heart. This congestion—amounting to almost a hepatization of the base of the right lung specially—which had been recognized during life—was revealed at the autopsy.

One point of interest—besides that attaching to all examples of disease of the right heart—was the absence of ante-mortem turgescence of the veins of the neck—notwithstanding so great dilatation of the right auricle had existed.

The autopsy was made before us by the House Physician, Dr. J. L. Thompson, Drs. King and Rhett being present. The heart was subsequently examined by Prof. M. Michel, and others.

In a previous case, we diagnosticated aneurism of the aorta—from which the patient died—by noticing that the thrill was heard only at the *back of the right lung*, and no murmur was to be discovered over the left heart in front.